



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|   |    |                        |                    |
|---|----|------------------------|--------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |    | Application Number     | 09/964,079         |
|   |    | Filing Date            | September 26, 2001 |
|   |    | First Named Inventor   | KIEVAL et al.      |
|   |    | Art Unit               | 3762               |
|   |    | Examiner Name          | F. Oropeza         |
| Total Number of Pages in This Submission  | 11 | Attorney Docket Number | 021433-000110US    |

## ENCLOSURES (Check all that apply)

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
| Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.  |  |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                    |                                    |                 |
|--------------------|------------------------------------|-----------------|
| Firm or Individual | Townsend and Townsend and Crew LLP |                 |
|                    | Scott M. Smith, M.D.               | Reg. No. 48,268 |
| Signature          |                                    |                 |
| Date               | April 14, 2004                     |                 |

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |                |      |                |
|-----------------------|----------------|------|----------------|
| Typed or printed name | Jodie M. Rivas |      |                |
| Signature             |                | Date | April 14, 2004 |

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APR 21 2004

GROUP 3600



# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 55

Complete if Known

|                      |                    |
|----------------------|--------------------|
| Application Number   | 09/964,079         |
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| First Named Inventor | KIEVAL et al.      |
| Examiner Name        | F. Oropeza         |
| Art Unit             | 3762               |
| Attorney Docket No.  | 021433-000110US    |

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit  
Account  
Number

20-1430

Deposit  
Account  
Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity |          | Small Entity |          | Fee Description        | Fee Paid |
|--------------|----------|--------------|----------|------------------------|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                        |          |
| 1001         | 770      | 2001         | 385      | Utility filing fee     |          |
| 1002         | 340      | 2002         | 170      | Design filing fee      |          |
| 1003         | 530      | 2003         | 265      | Plant filing fee       |          |
| 1004         | 770      | 2004         | 385      | Reissue filing fee     |          |
| 1005         | 160      | 2005         | 80       | Provisional filing fee |          |
| SUBTOTAL (1) |          |              |          |                        | (\$)     |

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Large Entity |          | Small Entity |          | Fee Description  | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |  |          |
| 1202         | 18       | 2202         | 9        | Claims in excess of 20                                     |          |
| 1201         | 86       | 2201         | 43       | Independent claims in excess of 3                          |          |
| 1203         | 290      | 2203         | 145      | Multiple dependent claim, if not paid                      |          |
| 1204         | 86       | 2204         | 43       | ** Reissue independent claims over original patent         |          |
| 1205         | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent |          |
| SUBTOTAL (2) |          |              |          |  | (\$)-385 |

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

| Large Entity |          | Small Entity |          | Fee Description  | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |  |          |
| 1051         | 130      | 2051         | 65       | Surcharge - late filing fee or oath  |          |
| 1052         | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053         | 130      | 1053         | 130      | Non-English specification  |          |
| 1812         | 2,520    | 1812         | 2,520    | For filing a request for reexamination                                     |          |
| 1804         | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 1805         | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 1251         | 110      | 2251         | 55       | Extension for reply within first month                                     | 55       |
| 1252         | 420      | 2252         | 210      | Extension for reply within second month                                    |          |
| 1253         | 950      | 2253         | 475      | Extension for reply within third month                                     |          |
| 1254         | 1,480    | 2254         | 740      | Extension for reply within fourth month                                    |          |
| 1255         | 2,010    | 2255         | 1,005    | Extension for reply within fifth month                                     |          |
| 1401         | 330      | 2401         | 165      | Notice of Appeal   |          |
| 1402         | 330      | 2402         | 165      | Filing a brief in support of an appeal                                     |          |
| 1403         | 290      | 2403         | 145      | Request for oral hearing   |          |
| 1451         | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding                              |          |
| 1452         | 110      | 2452         | 55       | Petition to revive - unavoidable   |          |
| 1453         | 1,330    | 2453         | 665      | Petition to revive - unintentional   |          |
| 1501         | 1,330    | 2501         | 665      | Utility issue fee (or reissue)   |          |
| 1502         | 480      | 2502         | 240      | Design issue fee   |          |
| 1503         | 640      | 2503         | 320      | Plant issue fee  |          |
| 1460         | 130      | 1460         | 130      | Petitions to the Commissioner  |          |
| 1807         | 50       | 1807         | 50       | Petitions related to provisional applications                              |          |
| 1806         | 180      | 1806         | 180      | Submission of Information Disclosure Stmt                                  |          |
| 8021         | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties) |          |
| 1809         | 770      | 2809         | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |
| 1810         | 770      | 2810         | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |
| 1801         | 770      | 2801         | 385      | Request for Continued Examination (RCE)                                    |          |
| 1802         | 900      | 1802         | 900      | Request for expedited examination of a design application                  |          |

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$)-55

## SUBMITTED BY

Complete (if applicable)

|                   |                      |                                   |                |           |              |
|-------------------|----------------------|-----------------------------------|----------------|-----------|--------------|
| Name (Print/Type) | Scott M. Smith, M.D. | Registration No. (Attorney/Agent) | 48,268         | Telephone | 650-326-2400 |
| Signature         |                      | Date                              | April 14, 2004 |           |              |

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